FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009248

NOTE: CHANGE OF NAME ONLY

1. Corporation Name

NORTHAMERICOM CORP Name

Principal Place of Business	Mailing Address
33920 U.S. HIGHWAY 19 NORTH SUITE 390 PALM HARBOR FL 34684	CHANGE TO: 33920 U.S. HIGHWAY 19 NORTH SUITE 390 PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 2-5-96 | 3a. Date of Last Report:

2. Principal Place of Business
21 101 N GARDEN AVE
22 Suite, Apt. #, etc. SUITE 120
23 City & State CLEARWATER FL
24 Zip 34615 | 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

4. FEI Number 59-3303236 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NASH, THOMAS C II
400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700001872317
84 City -06/24/96--01015--016 FL 85 Zip Code
***200.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMS, MONTE C 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 101 N. GARDEN AVE #120 CLEARWATER, FL 34615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, ROBERT G 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JACK 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, BRADLEY B 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition "
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, PHILLIP J 33920 U.S. HIGHWAY 19 N., SUITE 390 PALM HARBOR FL 34684	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition " 5-1-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition A. ROGER TURRELL TREAS DIRECTOR

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. D. 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPF034 (12/95)